County: Milwaukee Facility ID: 4200 Page 1

SHOREWOOD HEIGHTS HCC

3710 NORTH OAKLAND AVENUE

| SHOREWOOD 53211 | Phone: (414) 964-6200 |) | Ownershi p: | Corporati on |
|----------------------------|-----------------------|-----|-----------------------------------|--------------|
| Operated from 1/1 To 12/ | 31 Days of Operation: | 366 | Highest Level License: | Ski l l ed |
| Operate in Conjunction wit | h Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and | Staffed (12/31/00): | 195 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacit | y (12/31/00): | 243 | Average Daily Census: | 156 |
| Number of Residents on 12/ | 31/00: | 144 | | |

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/31/ | /00) | Length of Stay (12/31/00) | % |
|---|------|------------------------------|---------|-------------------|--------------|---------------------------|-----------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 14. 6 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 34. 7 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 5. 6 | Under 65 | 34. 0 | More Than 4 Years | 50. 7 |
| • | | Mental Illness (Org./Psy) | 18. 1 | 65 - 74 | 25.0 | | |
| Respite Care | Yes | Mental Illness (Other) | 25. 7 | 75 - 84 | 23. 6 | | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 2.8 | 85 - 94 | 13. 2 | ********** | ******* |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegi c | 7. 6 | 95 & 0ver | 4. 2 | Full-Time Equivaler | nt |
| Congregate Meals | No | Cancer | 0. 7 | | | Nursing Staff per 100 Re | esi dents |
| Home Delivered Meals | No | Fractures | 2.8 | | 100.0 | (12/31/00) | |
| Other Meals | No | Cardi ovascul ar | 9. 0 | 65 & 0ver | 66. 0 | | |
| Transportation | No | Cerebrovascul ar | 12. 5 | | | RNs | 7. 1 |
| Referral Service | No | Di abetes | 5. 6 | Sex | % | LPNs | 11. 8 |
| Other Services | No | Respi ratory | 1.4 | | | Nursing Assistants | |
| Provi de Day Programming for | | Other Medical Conditions | 8. 3 | Male | 57. 6 | Aides & Orderlies | 53. 9 |
| Mentally Ill | No | | | Female | 42. 4 | İ | |
| Provide Day Programming for | | | 100. 0 | | | | |
| Developmentally Disabled | Yes | | | | 100. 0 | | |
| ************ | **** | ************* | ***** | ******* | ****** | ********* | ****** |

Method of Reimbursement

| | | Medi | care | | Medi c | ai d | | | | | | | | | | | |
|--------------------|------------|--------|----------|------------|----------|-----------|-------|------------|---------|--------------|-------|----------|--------------|----------------|--------|---------|------------|
| | (Title 18) | | (| (Title 19) | | | 0ther | | P | Pri vate Pay | | | Managed Care | | | Percent | |
| | | | Per Di | em | Per Diem | | | em Per Die | | em Per Diem | | | n | Per Diem Total | | | Of All |
| Level of Care | No. | % | Rate | No. | % | Rate | No | . % | Rate | No | . % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0. 00 | 15 | 11. 1 | \$115. 01 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 15 | 10. 4% |
| Skilled Care | 4 | 100.0 | \$291.17 | 80 | 59. 3 | \$99. 42 | 0 | 0. 0 | \$0.00 | 4 | 100.0 | \$154.00 | 0 | 0. 0 | \$0.00 | 88 | 61. 1% |
| Intermediate | | | | 32 | 23. 7 | \$83. 83 | 1 | 100. 0 | \$96.40 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 33 | 22.9% |
| Limited Care | | | | 3 | 2. 2 | \$73.43 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 3 | 2. 1% |
| Personal Care | | | | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 5 | 3. 7 | \$137.35 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 5 | 3. 5% |
| Traumatic Brain In | j. 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Depende | nt 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 4 | 100. 0 | | 135 1 | 100. 0 | | 1 | 100. 0 | | 4 | 100.0 | | 0 | 0. 0 | | 144 | 100.0% |

SHOREWOOD HEIGHTS HCC

| ********** | ***** | ******** | ****** | ***** | ****** | ********* | ****** |
|--------------------------------|-------|-----------------------|-------------------|----------|-----------------|--|------------|
| Admissions, Discharges, and | | Percent Distribution | $of \ Residents'$ | Condi ti | ions, Services, | and Activities as of 12/3 | 31/00 |
| Deaths During Reporting Period | | | | | | | |
| | | [| | 9 | % Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | Ass | sistance of | % Totally M | Number of |
| Private Home/No Home Health | 8. 3 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent F | Resi dents |
| Private Home/With Home Health | 5. 0 | Bathi ng | 29. 9 | | 4. 2 | 66. 0 | 144 |
| Other Nursing Homes | 10.0 | Dressi ng | 15. 3 | | 14. 6 | 70. 1 | 144 |
| Acute Care Hospitals | 68. 3 | Transferri ng | 41. 7 | | 11. 1 | 47. 2 | 144 |
| Psych. HospMR/DD Facilities | 5.0 | Toilet Use | 14. 6 | | 15. 3 | 70. 1 | 144 |
| Rehabilitation Hospitals | 0.0 | Eati ng | 43. 1 | | 12. 5 | 44. 4 | 144 |
| Other Locations | 3. 3 | ************** | ****** | ***** | ****** | ********* | ******* |
| Total Number of Admissions | 60 | Continence | | % | Special Treat | tments | % |
| Percent Discharges To: | | Indwelling Or Externa | al Catheter | 8.3 | Recei vi ng l | Respi ratory Care | 3. 5 |
| Private Home/No Home Health | 12. 5 | 0cc/Freq. Incontinent | t of Bladder | 43.8 | Recei vi ng | Tracheostomy Care | 1. 4 |
| Private Home/With Home Health | 15. 9 | 0cc/Freq. Incontinent | t of Bowel | 41.7 | Recei vi ng | Sucti oni ng | 2. 1 |
| Other Nursing Homes | 10. 2 | [| | | Recei vi ng (| Ostomy Care | 0. 7 |
| Acute Care Hospitals | 22.7 | Mobility | | | Recei vi ng | Tube Feeding | 6. 3 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | d | 5.6 | Receiving 1 | Mechanically Altered Diets | 27. 1 |
| Rehabilitation Hospitals | 0. 0 | [| | | | | |
| Other Locations | 3.4 | Skin Care | | | Other Resider | nt Characteristics | |
| Deaths | 35. 2 | With Pressure Sores | | 6. 3 | Have Advance | ce Directives | 100. 0 |
| Total Number of Discharges | | With Rashes | | 1.4 | Medi cati ons | | |
| (Including Deaths) | 88 | I | | | Receiving l | Psychoactive Drugs | 39. 6 |
| ***************** | ***** | ******** | ****** | ***** | ****** | ************************************** | ****** |

| | | 0wn | Ownershi p: | | Si ze: | Li censure: Ski l l ed | | | |
|--|----------|--------------|-------------|--------------|-----------------|---------------------------|-------|------------|-------|
| | Thi s | Propri etary | | 20 | 0 0+ | | | Al l | |
| | Facility | Peer | Peer Group | | Peer Group | | Group | Facilities | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 64. 2 | 74.6 | 0. 86 | 80. 3 | 0. 80 | 81. 9 | 0. 78 | 84. 5 | 0. 76 |
| Current Residents from In-County | 95. 8 | 84. 4 | 1. 14 | 84. 7 | 1. 13 | 85. 6 | 1. 12 | 77. 5 | 1. 24 |
| Admissions from In-County, Still Residing | 31. 7 | 20. 4 | 1. 56 | 28. 9 | 1. 10 | 23. 4 | 1. 35 | 21.5 | 1.47 |
| Admissions/Average Daily Census | 38. 5 | 164. 5 | 0. 23 | 96. 3 | 0.40 | 138. 2 | 0. 28 | 124. 3 | 0. 31 |
| Discharges/Average Daily Census | 56. 4 | 165. 9 | 0. 34 | 100.6 | 0. 56 | 139. 8 | 0.40 | 126. 1 | 0. 45 |
| Discharges To Private Residence/Average Daily Census | 16. 0 | 62. 0 | 0. 26 | 26. 4 | 0. 61 | 48. 1 | 0. 33 | 49. 9 | 0. 32 |
| Residents Receiving Skilled Care | 71. 5 | 89. 8 | 0. 80 | 88. 4 | 0. 81 | 89. 7 | 0.80 | 83. 3 | 0.86 |
| Residents Aged 65 and Older | 66. 0 | 87. 9 | 0.75 | 90. 4 | 0. 73 | 92. 1 | 0.72 | 87. 7 | 0. 75 |
| Title 19 (Medicaid) Funded Residents | 93. 8 | 71. 9 | 1. 30 | 73. 5 | 1. 28 | 65. 5 | 1. 43 | 69. 0 | 1. 36 |
| Private Pay Funded Residents | 2. 8 | 15. 0 | 0. 18 | 18. 7 | 0. 15 | 24. 5 | 0.11 | 22.6 | 0. 12 |
| Developmentally Disabled Residents | 5. 6 | 1. 3 | 4. 20 | 1. 2 | 4. 54 | 0. 9 | 6. 25 | 7. 6 | 0. 73 |
| Mentally Ill Residents | 43. 8 | 31.7 | 1. 38 | 33. 1 | 1. 32 | 31. 5 | 1. 39 | 33. 3 | 1.31 |
| General Medical Service Residents | 8. 3 | 19. 7 | 0.42 | 20.6 | 0. 40 | 21.6 | 0. 39 | 18. 4 | 0.45 |
| Impaired ADL (Mean) | 65. 4 | 50. 9 | 1. 28 | 52. 0 | 1. 26 | 50. 5 | 1.30 | 49. 4 | 1.32 |
| Psychological Problems | 39. 6 | 52. 0 | 0. 76 | 49. 4 | 0.80 | 49. 2 | 0. 80 | 50. 1 | 0. 79 |
| Nursing Care Required (Mean) | 6. 1 | 7. 5 | 0. 81 | 6.8 | 0. 89 | 7. 0 | 0.86 | 7. 2 | 0. 85 |